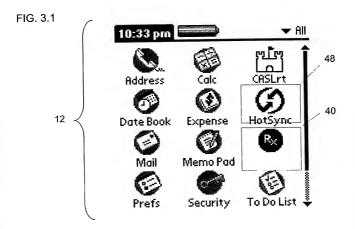


FIG. 2

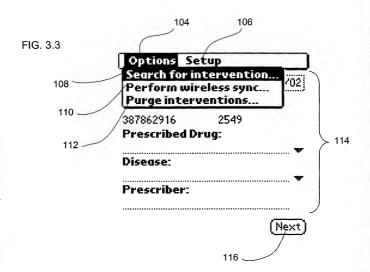


Pharmacy Intervention Documentation System

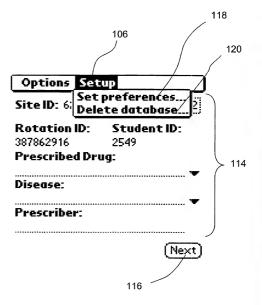
Copyright © 2002 Integrated Software Systems, LLC

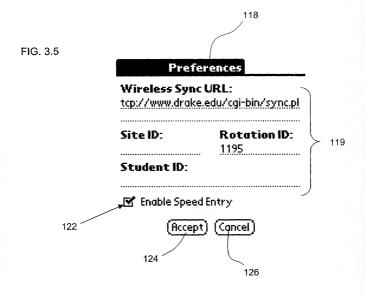
Enter Intervention

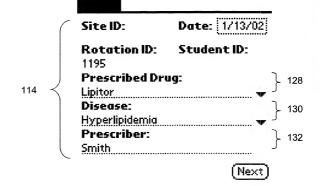
102 -

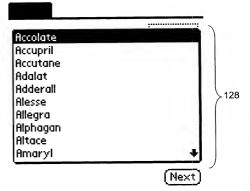


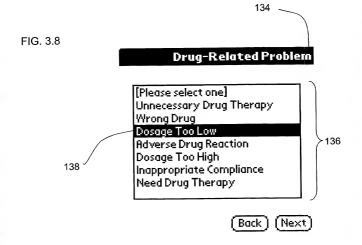


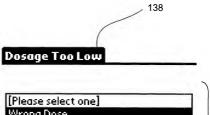












Wrong Dose
Frequency Inappropriate
Duration Inappropriate
Incorrect Storage
Incorrect Administration
Drug Interaction

(Back) (Next)

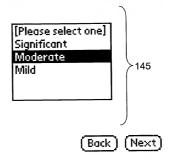
Prescription Type

[Please select one]
New Rx
Refill Rx

Back) (Next)



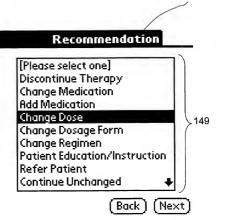
Patient Risk



Problem Type

[Please select one]
Actual
Potential

| Back | Next |





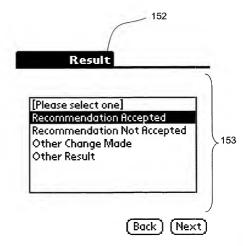
[Please select one]

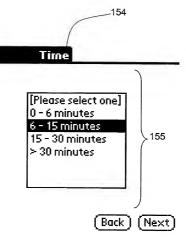
Prescriber Contacted By Phone Prescriber Contacted By Fax Patient Consultation Payer/Processor Contacted Referred Patient Patient Monitoring Initiated

Other Intervention

150

Back (Next)





Patient Information

Patient ID: JS

Allergies:
Penicillins
Medication History:
Glucophage
Family History:
Hyperlipidemia
Social History:
Tobacco

Back Next

FIG. 3.18

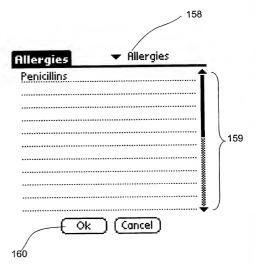
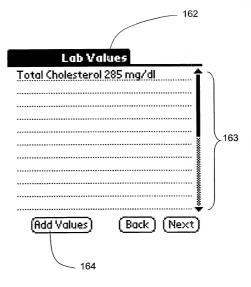
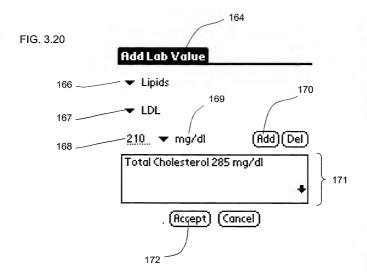
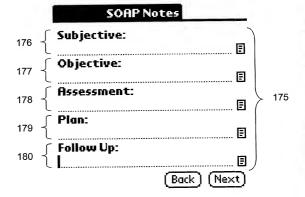
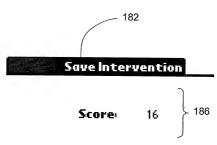


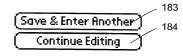
FIG. 3.19





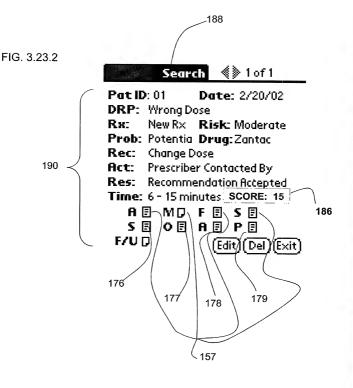






188 FIG. 3.23.1 **∢** 3 of 3 Search Pat ID: JS DRP: Wrong Dose Refill Rx Risk: Moderate Rx: Prob: Actual Rec: Change Dose 190 Act: Prescriber Contacted By Res: Recommendation Accepted Time: 6 - 15 minutes A E ME F E S E РД S D A D O D\ F/U D (Edit)(Del)(Exit) 176 177 179 178

¹157



Site ID:

Date: 1/13/02

Rotation ID: Student ID: 1195

Perform Wireless Sync

Would you like to perform a wireless sync via the web?

Cancel

DSW - Asthma

Disclaimer:

This tool is intended for use as a guide and reference. Text has been included to facilitate data

202

203

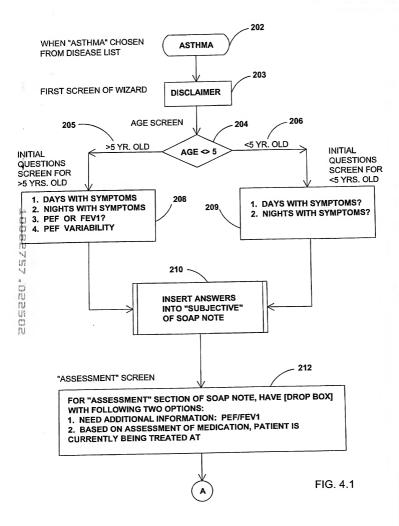
DSW Comments:

Based on Expert Panel Report 2: Guidelines from the Diagnosis and Management of Asthma, National

(Accept) (Cancel)



DSW - Asthma: Age



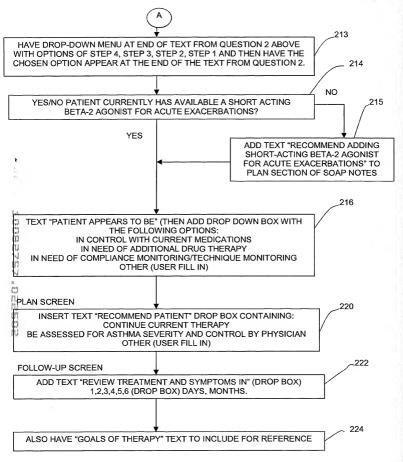
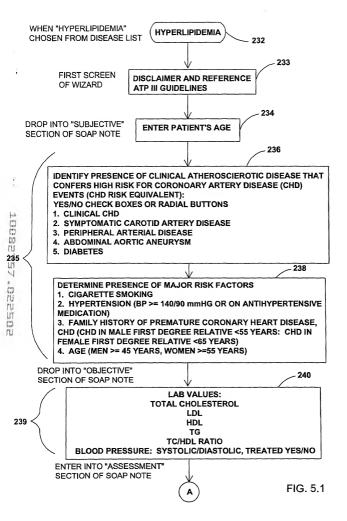


FIG. 4.2



ENTER TEXT INTO FORM:

"BASED ON ATP III GUIDELINES THE PATIENT" (FILL IN FROM RISK EQUIVALENT SECTION OF SUBJECTIVE PART OF NOTE) RISK EQUIVALENTS AND RISK FACTORS (FILL IN WITH FORMULA THAT ADDS UP THE NUMBER OF MAJOR RISK FACTORS FROM THE SUBJECTIVE SECTION AND THEN ADDS ANOTHER RISK FACTOR IF THE HDL IS < 40 MG/DL OR SUBTRACTS ONE IF THE HDL IS >= 60 MG/DL). (LIST WHAT THE RISK EQUIVALENTS AND RISK FACTORS ARE) (INSERT FRAMINGHAM RISK ANALYSIS) AND HAS A (FROM FRAMINGHAM RISK ANALYSIS) % 10-

241.

A. IF < 2 RISK RACTORS AND NO CHD EQUIVALENTS, "BASED ON ATP III,
LDL GOAL <= 160 MG/DL." IF LDL >= 160 MG/DL (SHOW (A.) ON P)

YEAR RISK FOR A CARDIAC EVENT.

B. IF 2+ RISK FACTORS AND NO CHD EQUIVALENTS AND 10-YEAR RISK 10-20%, "BASED ON ATP III, LDL GOAL IS < 130 MG/DL." (SHOW (B.) ON P)</p>

- C. IF 2+ RISK FACTORS AND NO CHD EQUIVALENTS AND 10-YEAR RISK < 10%, "BASED ON ATP III, LDL GOAL IS < 130 MG/DL." (SHOW (C.) ON P)
- D. IF CHD OR CHD RISK EQUIVALENTS PRESENT (FROM (A.)), "LDL GOAL IS < 100 MG/DL." (SHOW (d.) on P)

INSERT INTO "PLAN" SECTION OF SOAP NOTE

- A. "RECOMMEND INITIATION OF THERAPEUTIC LIFESTYLE CHANGES (TLC)," AND IF LDL >= 190 MG/DL, "AND RECOMMEND CONSIDERING ADDITION OF DRUG THERAPY."
- B. "RECOMMEND INITIATION OF THERAPEUTIC LIFESTYLE CHANGES (TLC) AND RECOMMEND CONSIDERING ADDITION OF DRUG THERAPY." C. "RECOMMEND INITIATION OF THERAPEUTIC LIFESTYLE CHANGES

(TLC)," AND IF LD >= 160 MG/DL, "AND RECOMMEND CONSIDERING
ADDITION OF DRUG THERAPY."

D. "RECOMMEND INITIATION OF THERAPEUTIC LIFESTYLE CHANGES (TLC), AND RECOMMEND CONSIDERING ADDITION OF DRUG THERAPY."

INSERT INTO "FOLLOW-UP" SECTION AND HAVE CALENDAR FUNCTION

REVIEW THERAPY IN (DROP BOX) 1,2,3,4,5,6 (MONTHS) DAYS, MONTHS, YEARS

TEXT POP-UP:

THERAPEUTIC LIFESTYLE CHANGS TO INITIATE IF LDL IS ABOVE GOAL:

1. TCL DIET

- A. SATURATED FAT < 7% OF CALORIES, CHOLESTEROL < 200 MG/DAY
- B. CONSIDER INCREASED VISCOUS (SOLUBLE) FIBER (10-25 MG/DAY) AND PLANT STANOL/STEROLS (2 G/DAY) AS THERAPEUTIC OPTIONS TO FNHANCE LDI LOWERING
 - 2. WEIGHT MANAGEMENT
 - 3. INCREASED PHYSICAL ACTIVITY

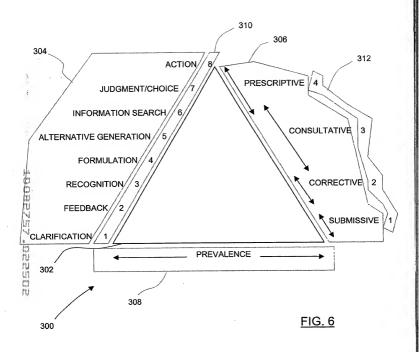
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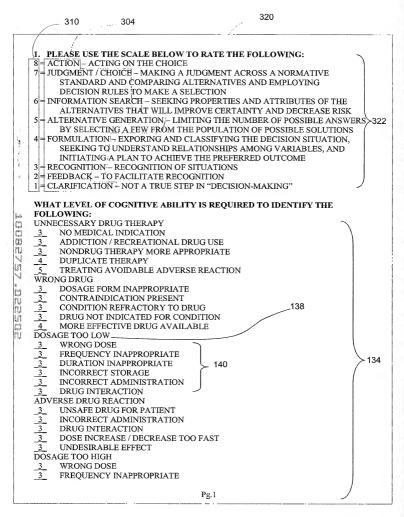
242

243

246

FIG. 5.2





```
DURATION INAPPROPRIATE
      3
           DRUG INTERACTION
      INAPPROPRIATE COMPLIANCE
           DRUG PRODUCT NOT AVAILABLE
           CANNOT AFFORD DRUG PRODUCT
           DOES NOT UNDERSTAND INSTRUCTIONS
           PATIENT DOSES HIGHER THAN PRESCRIBED
           PATIENT DOSES LOWER THAN PRESCRIBED
           PROBLEM WITH THIRD PARTY PAYER
      NEED DRUG THERAPY
           UNTREATED INDICATION
           PROPHYLACTIC THERAPY
      PRESCRIPTION TYPE
           NEW RX
                                      143
           REFILL RX
      2. WHICH WOULD YOU CONSIDER TO BE A MORE SIGNIFICANT INTERACTION?
      PROBLEM TYPE
           ACTUAL
                                                              147
           POTENTIAL
312
     3. PLEASE USE THE SCALE BELOW TO RATE THE FOLLOWING ITEMS FOR THE
        AMOUNT OF ACTIVITY REQUIRED TO PERFORM:
                           306
      4 = PRESCRIPTIVE
      3 did CONSULTATIVE
      2 CORRECTIVE
      1 did SUBMISSIVE
     INTERVENTION RECOMMENDATION
           DISCONTINUE THER APY
           CHANGE MEDICATION
           ADD MEDICATION
           CHANGE DOSE
           CHANGE DOSAGE FORM
           CHANGE REGIMEN
          PATIENT EDUCATION / INSTRUCTION
          REFER PATIENT
           CONTINUE UNCHANGED
           DISEASE STATE MANAGEMENT
           NON-DRUG THERAPY
           OTHER RECOMMENDATION
     INTERVENTION ACTIVITY
           PRESCRIBER CONTACTED BY PHONE
                                               -151
           PRESCRIBER CONTACTED BY FAX
                                       Pg. 2
```

3	PATIENT CONSULTATION	
2_	PAYER / PROCESSOR CONTACTED	
$\frac{\frac{3}{2}}{\frac{1}{4}}$	REFERRED PATIENT	
4	PATIENT MONITORING INITIATED	
1	OTHER INTERVENTION	
		_
INTE	RVENTION RESULT	
3	RECOMMENDATION NOT ACCEPTED	153
1	OTHER CHANGE MADE	
1	OTHER RESULT	ノ
4. SOAP NOTE		
	SUBJECTIVE	
	OBJECTIVE ≻175	
	ASSESSMENT	
	PLAN	
	FOLLOW-UP	

5. LAB VALUES

PLEASE PROVIDE A RECOMMENDATION AS TO WHETHER OR NOT LAB VALUES SHOULD BE INCLUDED IN THE DETERMINATION OF THE DOI SCORE. DOES HAVING LAB VALUES PRESENT IN THE INTERVENTION INDICATE THE STUDENT HAS GONE TO MORE EFFORT OR PUT MORE THOUGHT INTO THE INTERVENTION? SUGGEST A POSSIBLE RANKING (E.G. ONE POINT FOR EACH VALUE PRESENT UP TO THREE POINTS).

IF SO, HOW? (ONE POINT FOR EACH LAB VALUE ENTERED? UP TO A LIMIT?) ONE POINT IS GIVEN FOR EACH LAB VALUE ENTERED UP TO THREE TOTAL POINTS FOR THIS SECTION.

6. SOAP NOTES

PLEASE PROVIDE A RECOMMENDATION AS TO WHETHER OR NOT SOAP SHOULD BE INCLUDED IN THE DETERMINATION OF THE DOI SCORE.

IF SO, HOW?
NO POINTS ARE CURRENTLY GIVEN FOR SOAP NOTES.

7. PATIENT INFORMATION

PLEASE PROVIDE A RECOMMENDATION AS TO WHETHER OR NOT THE INCLUSION OF PATIENT INFORMATION SHOULD BE INCLUDED IN THE DETERMINATION OF THE DOI SCORE.

IS SO, HOW?

NO POINTS ARE CURRENTLY GIVEN FOR THE INCLUSION OF PATIENT INFORMATION.

SHOULD ANY OF THE ABOVE SECTIONS BE WEIGHTED HIGHER THAN OTHERS? SECTIONS ARE ALL EQUALLY WEIGHTED.